

RECEIVED
CENTRAL FAX CENTER
OCT 04 2011

PK2351448.A01

Patent No: 7,466,229
Filed: October 23, 2005

Art Unit: 2612
Conf. No: 4516
Examiner: Leo, Benjamin C.

**POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the patent(s) and/or application(s) identified herein.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 40401 for the patent(s)/application(s) identified herein.

Practitioner Under Customer Number: Abe Hershkovitz, Reg. No. 45,294

☒ Please change the correspondence address for the patent(s)/application(s) identified below to:

CORRESPONDENCE ADDRESS

☒ Customer Number: 40401 OR ☐ Correspondence address below

Name **HERSHKOVITZ & ASSOCIATES, LLC**

Address

City State Zip Code

Country Email Telephone Facsimile

patent@hershkovitz.net 703-370-4800

IDENTIFICATION OF PATENT(S)/APPLICATION(S)

Application Number	Filing Date	Patent Number	Issue Date
10/554,212	10/24/2005	7,466,229	12/16/2008

RECEIVED
CENTRAL FAX CENTER
OCT 04 2011

Page 2

<p align="center"><u>SIGNATURE OF INVENTOR(S) OR ASSIGNEE</u></p> <p><i>The individual(s) whose signature(s) is/are supplied below is/are the inventor(s), or is authorized to act on behalf of Assignee of entire interest, in the patent(s)/application(s) identified herein.</i></p>			
<p><i>I/We am/are the:</i></p> <p><input type="checkbox"/> Inventor(s)</p> <p><input checked="" type="checkbox"/> Assignee of record of entire interest in and to the patent/application identified herein. See 37 CFR §3.71.</p> <p><input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b):</p> <p>The documentary evidence of a chain of title from the original owner(s) to the Assignee, as recorded in the Assignment records of the Office, on June 7, 2011, is at Reel 026404, Frame 0946;</p> <p><input checked="" type="checkbox"/> The undersigned is authorized to act on behalf of the assignee for the patent identified herein.</p>			
<p><i>Printed Name and Title of Authorized Signatory</i></p>		<p>Manager of Research Support Team LEE, Dae Woo</p>	
<p><i>Signature of Authorized Signatory for Assignee</i></p>		<p><i>Date</i></p>	<p>7.29.2011</p>

Any additional patent(s)/application(s), or additional signature(s) of Inventor(s), or additional Assignee(s)/Signatory(s), are submitted on the attached page(s).

NUMBER OF PAGES ATTACHED: _____